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ABSTRACT

This report presents a preliminary analysis of Pennsylvania day care centers based on data obtained through questionnaires, site visitations, and observation. The sample of day care centrs is described in terms of two major variables: population density and funding. Topics include: (1) administration and organization; (2) staff (recruitment, salaries, training, and volunteers); (3) children served (selection, exceptional child services, additional program attendance, age groupings, race, ethnic background, as well as medical services, personal hygiene training, and meal arrangements); (4) family characteristics (size, family services, parent education, and parent involvement); (5) community outreach services, (education, counseling, and referral); (6) general program characteristics; and (7) program evaluation methods. Short topic summaries are provided. Data tables make up approximately half the document. (SDH)

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INSTITUTE FOR THE STUDY OF HUMAN DEVELOPMENT

CENTER FOR HUMAN SERVICES DEVELOPMENT

PENNSYLVANIA DAY CARE CENTERS
A PRELIMINARY PROFILE

By: Allan S. Cohen, Susan Sonnenschein, and Donald L. Peters

January, 1973
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COLLEGE OF HUMAN DEVELOPMENT
PENNSYLVANIA STATE UNIVERSITY
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PENNSYLVANIA DAY CARE CENTERS

A Preliminary Profile[1]

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INTRODUCTION

During the last ten years, great efforts have been made to increase the quality and quantity of available child care. Day care has become a topic of national concern, and the number of day care facilities has increased markedly. The increase in day care services provided has, however, been accompanied by much controversy and by the ever greater need to answer questions concerning the type and quality of care being offered.

Grotberg, Chapman, and Lazar (1971) discussed the need for research in the area of day care. They maintained that practically all components of day care raise unanswered questions. These questions center about the administration, staffing, services, and facilities of day care and about the nature of the children and families being served. All are questions concerning the "process" or "transactions" occurring in day care programs. This profile of Pennsylvania day care centers has been compiled because a description of such variables is fundamental to the understanding of any such social service.

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[1]This report was developed under contract with the Pennsylvania Department of Public Welfare. The opinions expressed herein are those of the authors and do not necessarily reflect those of the sponsoring agency.

METHODS

Procedures

In an attempt to investigate the "process" of day care services, the staff of the Pennsylvania Day Care Study Project designed a battery of survey instruments for use in day care centers. The instruments and the qualifications and training of the persons using them have been described in detail elsewhere (Green, Hollick, Knowles, Van der Kar and Winter, 1972). In general, the procedures involved sending an extensive questionnaire to a large sample of day care programs in Pennsylvania. A visit to each of the sample programs followed. During the visit the staff reclaimed the questionnaire, after helping to complete it when necessary, and observed the ongoing operations of the program. Each visit took approximately 3 hours.

Sample

The sample of day care centers which were investigated for this study can be described in terms of two major variables: population density and funding. Population density was determined on the basis of persons per square mile within a county. Three categories were used: low density--less than 100 persons per square mile; medium density--between 100 and 1,000 persons per square mile; and high density--more than 1,000 persons per square mile. Funding was determined according to the percentage of a center's budget which derived from Title IV-A of the Social Security Act. Three categories of funding were used: private--no IV-A funds were received; support--less than 75% of the center's funding came from IV-A resources; and matching--at least 75% of the center's funds derived from IV-A resources.

In the state of Pennsylvania, 992 day care centers have been identified (Williams and Rudnick, 1972) from various sources, including (a) Department of Public Welfare Regional Office records, (b) information gathered through the use of mailed questionnaires, and (c) information provided by a variety of helpful organizations. Three hundred day care centers were selected for inclusion in this study. The distribution of those day care centers in the study sample is described by the data presented in Table 1.

TABLE 1

DISTRIBUTION OF DAY CARE CENTERS IN THE STUDY SAMPLE

	Type of funding			
Density	Private	Support	Matching	All centers
Low	30	8	17	55
Medium	78	32	62	172
High	32	23	18	73
All centers	140	63	97	300

RESULTS

Because of the diversity among Pennsylvania day care centers, the information requested on both the questionnaire and the observation form was not always applicable to each center. In one sense this occurrence was to be expected simply because not all centers are alike. However, when specific information required by state or federal regulations was requested and not given, it was somewhat disturbing. In subsequent contacts with several day care centers after the data had been collected and analyzed it became evident that the problem was essentially a lack of understanding on the part of these centers as to what kinds of information were being requested. For this reason, and also since many centers simply did not know where they could obtain the

requested information, the data collected and presented in this report are not always complete. However, it is the opinion of those involved in this study that the majority of data collected does provide a relatively complete and correct profile of day care centers in Pennsylvania.

Administration

This section of the study dealt with those aspects of the day care center which might influence the overall planning and delivery of the services of the day care program. Of primary interest, therefore, were the organizational characteristics of the day care center.

Two types of advisory bodies were typical of most day care centers in the study sample. These were a board of directors and an advisory committee. In order to reflect the needs of the community in which the center was located, these two bodies were often composed of a rather diverse group of individuals (see Tables 2 and 3). Of the 300 centers in the sample, 257 reported having a board of directors and 263 had an advisory committee. Parents of children enrolled at the center and professional people (doctors, lawyers, etc.) from the surrounding community were the most frequently reported community groups having members on both of these two organizational bodies.

Table 2 shows the various community groups that were represented on the boards of directors. More private and support centers than matching centers reported local businessmen on their board of directors. More support and matching centers than private centers indicated having local social service agency persons on their boards. Other groups less frequently reported as being on boards of directors were local child development personnel, school district personnel, and clergy.

TABLE 2

COMMUNITY GROUPS REPRESENTED ON THE BOARDS OF DIRECTORS

(In Percentage of Centers Responding)

Community Group	Type of funding			All centers
	Private	Support	Matching	
Program staff	19.1	29.4	4.7	16.3
Local businessmen	46.7	56.9	31.3	43.6
Clergy	33.3	45.1	32.5	35.4
Child welfare personnel	15.8	19.6	18.6	17.5
School district personnel	34.1	35.3	40.7	36.6
Parents	53.3	72.5	59.3	59.1
Social service agency personnel	30.0	49.0	42.8	40.1
Elected community officials	20.0	31.4	39.5	28.8
Local professionals	47.5	68.6	47.6	51.8
Local child development personnel	26.7	43.1	26.7	30.0
Number of centers responding	120	51	86	257
Number of centers not responding	20	12	11	43

*Note: Since multiple responses were possible from each center in the study sample the data may add to something other than 100%. This possibility is true of all data presented in this report unless otherwise noted.

The community groups represented on the advisory committees also varied. A larger percentage of both support and matching centers than private centers reported having parents on their advisory committees (Table 3). This percentage contrasted somewhat with the results given in Table 2 for the boards of directors of the private centers. More matching centers, however, than either

of the other two types indicated having local professional people on their advisory committee. Other community groups more frequently mentioned as being on the centers' advisory committees were child welfare, social service agency, school district, and child development personnel. The results in Table 2 indicate that the matching centers had a more diverse membership on their advisory committees than did private or supporting centers.

TABLE 3

COMMUNITY GROUPS REPRESENTED ON THE ADVISORY COMMITTEES
(In Percentage of Centers Responding)

Community Group	Type of funding			All centers
	Private	Support	Matching	
Program staff	13.7	29.8	24.4	20.5
Local businessmen	21.8	21.0	26.8	23.1
Clergy	19.3	26.3	35.4	25.9
Child welfare personnel	7.3	26.3	47.6	24.0
School district personnel	21.8	22.8	43.9	28.9
Parents	34.7	61.4	79.3	54.4
Social service agency personnel	11.3	17.5	46.3	23.6
Elected community officials	13.7	14.0	34.1	20.2
Local professionals	37.0	29.8	69.5	45.6
Local child development personnel	16.1	22.8	42.7	25.9
Number of centers responding	124	57	82	263
Number of centers not responding	16	6	15	37

Of the centers having either a board of directors or an advisory committee or both, the main responsibilities of both of these organizational entities were the making of policies and the planning of the budget for the center. Support centers additionally reported that the hiring and firing of center staff, the evaluation of the center's program, and the interpretation of day care services to the local community were functions of both of these bodies.

Responsibilities for various aspects of the program were not, however, handled solely by the boards of directors or the advisory committees. Table 4 presents a more detailed comparison of the allocation of responsibility for each of the funding categories and for all centers combined. It is evident from each section of this table that the director of the day care center was more often required to perform a function than either the teachers, the board of directors or the advisory committee. The establishment of staff policy was delegated to the board of directors primarily in the case of private centers, whereas this responsibility belonged to either the board of directors or the director of the center in the case of the support and matching centers. Teachers were reported to be responsible for the planning of the day care center program in a small number of centers. This function by teachers was more prominent for support and matching centers than for private centers. Boards of directors were primarily delegated the tasks of financial management and fund raising. Advisory committee functions were probably relative to each center. The results, therefore, do not suggest a tendency across all centers for advisory committees to perform a specific set of functions. There were some matching centers who did ask their advisory committee to perform program policy planning and staff recruitment functions, however. After comparing the responsibilities of these centers across all funding categories, it is evident that only fund raising was not typically reported to be a responsibility of the day care center director.

TABLE 4

ALLOCATION OF RESPONSIBILITY
WITHIN THE DAY CARE CENTERS

(In Percentage of Centers Responding)

Responsibility	Director	Teacher	Board of directors	Advisory committee
Private centers (126 responded)				
Staff policy	34.1	0.8	45.2	7.1
Program policy	38.1	12.7	23.8	7.9
Program planning	43.7	25.4	4.0	7.1
Public relations	48.4	1.6	20.6	5.6
Financial management	41.3	0.0	42.9	4.8
Fund raising	14.3	0.8	42.1	10.3
Staff recruitment	61.1	0.0	15.9	10.3
Staff evaluation	65.1	2.4	11.1	5.6
Staff training	69.0	6.3	4.0	4.0
Program evaluation	38.9	5.6	18.3	8.7
Support centers (61 responded)				
Staff policy	39.3	4.9	27.9	9.8
Program policy	39.3	3.3	24.6	18.0
Program planning	27.9	37.7	3.3	4.9
Public relations	39.3	0.0	23.0	13.1
Financial management	47.5	0.0	32.8	1.6
Fund raising	11.5	1.6	42.6	11.5
Staff recruitment	59.0	1.6	9.8	8.2
Staff evaluation	65.6	3.3	6.6	3.3
Staff training	78.7	3.3	1.6	0.0
Program evaluation	36.1	1.6	11.5	23.0

(Continued)

TABLE 4 (Con't.)

ALLOCATION OF RESPONSIBILITY
WITHIN THE DAY CARE CENTERS

(In Percentage of Centers Responding)

Responsibility	Director	Teacher	Board of directors	Advisory committee
Matching centers (91 responded)				
Staff policy	38.5	0.0	30.8	23.1
Program policy	27.5	7.7	17.6	36.3
Program planning	37.4	47.3	2.2	5.5
Public relations	31.9	18.7	9.9	13.2
Financial management	47.3	0.0	45.1	4.4
Fund raising	2.2	0.0	31.9	23.1
Staff recruitment	52.7	0.0	0.0	31.9
Staff evaluation	75.8	8.8	1.1	6.6
Staff training	79.1	6.6	1.1	5.5
Program evaluation	62.6	4.4	5.5	14.3
All centers (278 responded)				
Staff policy	36.7	1.4	36.7	12.9
Program policy	34.9	9.0	21.9	19.4
Program planning	38.1	35.3	3.2	6.1
Public relations	41.0	6.8	17.6	9.7
Financial management	44.6	0.0	41.4	4.0
Fund raising	9.7	0.7	38.8	14.7
Staff recruitment	57.9	0.4	9.4	16.9
Staff evaluation	68.7	4.7	6.8	5.4
Staff training	74.5	5.8	2.5	3.6
Program evaluation	46.0	4.3	12.6	13.7

Policy manuals from 55% of the centers in the sample detailed the roles and responsibilities of the director, the staff, the board of directors, and the advisory committee of the day care center. As can be seen from Table 5, the majority of the centers provided these policy manuals to the program staff, parents of the children at the center, the board of directors, and the advisory committee. A larger percentage of the matching centers made their policy manuals available to these four groups of people than did either the private or support centers. More support than private centers likewise provided policy manual information to these four groups.

TABLE 5

GROUPS TO WHICH POLICY MANUAL INFORMATION WAS PROVIDED

(In Percentage of Centers Responding)

	Type of funding			
Group	Private	Support	Matching	All centers
Staff	59.4	70.5	89.0	71.2
Parents	37.6	59.0	79.1	55.4
Advisory committee	42.1	54.1	79.1	56.5
Board of directors	51.1	70.5	76.9	63.5
Number of centers responding	133	61	91	285
Number of centers not responding	7	2	6	15

The range of topics covered in the policy manuals is described in Table 6. There is a tendency for the number of centers reporting such information to increase as the funding category changes from private to matching (left to right in Table 6). The most frequently reported topics in these manuals for all centers (see the right column in Table 6) were the purposes and objectives of the program, eligibility requirements, health policies, hours of operation, and staff health and training regulations.

TABLE 6

TOPICS COVERED IN POLICY MANUALS
(In Percentage of Centers Responding)

Topic	Type of funding			All centers
	Private	Support	Matching	
Program purposes & objectives	56.4	70.5	84.6	68.4
Eligibility requirements	49.6	63.9	71.4	59.6
Fees	28.6	26.2	40.7	31.9
Hours of operation	48.9	50.8	68.1	55.4
Health policies	42.9	55.7	80.2	57.5
Accident reporting	29.3	52.5	57.1	43.2
Record keeping procedures	36.8	45.9	62.6	47.0
Daily schedules	34.6	42.6	61.5	44.9
Staff health & training reg.	43.6	52.5	81.3	57.5
Other	8.3	11.5	23.1	13.7
Number of centers responding	133	61	91	285
Number of centers not responding	7	2	6	15

Conclusion. Center directors have the major responsibility for nearly all administrative work at the centers in the study sample. Relatively few administrative tasks were delegated to either the remainder of the center staff or the center advisory committee. Boards of directors of these centers, on the other hand, did handle some of the administrative functions, particularly the establishment of staff policy, financial management, and fund raising.

A large proportion of the centers reported having and disseminating policy manuals to their staff members, to parents of children enrolled, and to their board of directors and advisory committee. Topics covered in these policy manuals were diverse and provided a good description of the program of the center. There was a definite tendency for these policy manuals to be more complete for matching and support centers than for private centers.

Staff

The staff of the day care center is the primary agent involved in the day-to-day delivery of day care services to the surrounding community. The hiring, training, development, and evaluation of this group of people are, therefore, important considerations in determining the effectiveness of each individual day care program. The description of the day care staff in this report is divided into two sections: general characteristics and staff training procedures.

General Characteristics. The means by which paid staff members are recruited to work at day care centers are not necessarily indicative of the previous training or experience these people may have had within child day care settings. They may, however, provide some insight into the occupational (or other social) groups in the community from which day care center workers

are obtained. The recruiting avenue reported by the largest percentage of centers for all centers regardless of funding type was word-of-mouth (Table 7). Word-of-mouth recruiting was more popular among support and matching centers than among private centers. Two others which were frequently reported were advertisements and referrals from professional people in the surrounding community. Both of these methods were also reported much more often from support and matching centers than from private centers. The results in Table 7 suggest that either acquaintanceship or the existence, in most localities, of a central core of day care workers forms the basis for the recruitment of day care center staff.

TABLE 7

AVENUES FOR RECRUITING DAY CARE CENTER STAFF
(In Percentage of Centers Responding)

Recruiting avenue	Type of funding			All centers
	Private	Support	Matching	
Advertisement	53.8	69.8	66.7	61.5
Word-of-mouth	71.5	82.5	83.3	77.7
State employment office	25.4	27.0	40.0	30.4
Civil service commission	0.0	1.6	10.0	3.5
Referrals from professional	44.6	61.9	62.2	54.1
Outside of the program	12.3	31.7	42.2	26.1
Colleges and universities	43.1	57.1	47.8	47.7
Other	15.4	28.6	30.0	23.0
Number of centers responding	130	63	90	283
Number of centers not responding	10	0	7	17

The majority of day care centers hired their staff members for full-time employment. This conclusion was drawn by comparing the information presented in Tables 8 and 9.

TABLE 8

STAFF MEMBERS HIRED ON A FULL-TIME BASIS
(In Percentage of Centers Responding)

Staff member	Type of funding			All centers
	Private	Support	Matching	
Director	61.5	82.3	55.6	64.3
Assistant director	10.0	29.0	38.9	23.3
Head teacher	47.7	61.3	75.6	59.7
Teachers	48.5	74.2	78.9	63.6
Teacher aides	53.8	83.9	84.4	70.0
Number of centers responding	130	62	90	282
Number of centers not responding	10	1	7	18

TABLE 9

MEMBERS HIRED ON A PART-TIME BASIS
(In Percentage of Centers Responding)

Staff member	Type of funding			All centers
	Private	Support	Matching	
Director	12.3	6.5	5.6	8.8
Assistant director	0.8	6.5	1.1	2.1
Head teacher	9.2	4.8	1.1	5.7
Teachers	12.3	4.8	2.2	7.4
Teacher aides	23.1	16.1	6.7	16.3
Number of centers responding	130	62	90	282
Number of centers not responding	10	1	7	18

Data presented in Table 10 are the average ages of the five different kinds of staff members. These averages ranged from 32.8 years for teachers to 39.8 years for center directors. The matching centers reported the largest average age differential, ranging from age 30.0 years for teachers to age 40.9 years for center directors. The center directors tended to be about five years older than any of the other staff members. This tendency appeared in all categories except that of private centers. Private center staff is evidently slightly older than the personnel of support or matching centers.

TABLE 10

AVERAGE AGE OF THE STAFF MEMBERS OF PRIVATE, SUPPORT, AND MATCHING CENTERS (In Years)

Staff member	Type of funding			All centers
	Private	Support	Matching	
Director	39.2	39.7	40.9	39.8
Assistant director	37.1	33.3	34.4	34.7
Head teacher	34.1	32.2	31.5	33.3
Teachers	34.8	34.3	30.0	32.8
Teacher aides	35.9	31.0	34.3	34.1
Number of centers responding	130	63	97	290
Number of centers not responding	10	0	0	300

When staff members' ages were categorized on the basis of population density, the low density (more rural) centers tended to have the older staff members (Table 11). In the low and medium density centers, the directors tended to be about 4 to 5 years older than the rest of the staff.

TABLE 11

AVERAGE AGE OF THE STAFF MEMBERS OF CENTERS IN LOW, MEDIUM AND HIGH DENSITY AREAS (In Years)

Staff member	Density			All centers
	Low	Medium	High	
Director	40.7	41.3	39.1	39.8
Assistant director	35.2	35.3	37.7	34.7
Head teacher	35.2	34.1	31.9	33.3
Teachers	37.0	32.3	34.8	32.8
Teacher aides	33.3	34.7	34.8	34.1
Number of centers responding	54	167	69	290
Number of centers not responding	1	5	4	10

Day care center staff salaries appeared to be determined relative to staff position. The data presented in Table 12 are median salaries for the 264 centers supplying information to this section of the questionnaire. Salaries for the different staff positions tended to be higher for support and matching centers. As the numbers in parentheses for each entry in Table 12 indicate, a higher percentage of matching centers had assistant directors on their staff. Reversals in Table 12 and 13 considered within a funding

category were primarily (as noted in the first section of this report) to differences within centers in job title classification. Assistant directors tended to be the persons who ran the centers on a day-to-day basis. Directors, on the other hand, might be involved in work at a given center on a less than full-time basis. This would account for some of the closeness in salaries for the two positions and for some of the reversals which occur between these two job titles in both Tables 12 and 13.

TABLE 12

AVERAGE SALARIES OF THE STAFF MEMBERS OF PRIVATE, SUPPORT, AND MATCHING CENTERS

Staff member	Type of funding			All centers
	Private	Support	Matching	
Director	$7,700(80)*	$9,650(48)	$10,800(53)	$ 9,600(181)
Assistant director	6,000(10)	5,200(13)	10,500(33)	10,000(56)
Head teacher	5,334(66)	6,800(39)	7,650(72)	7,000(177)
Teacher	4,952(73)	6,000(46)	6,418(74)	5,819(193)
Teacher's aide	3,200(93)	4,000(56)	4,000(85)	3,987(234)

*Numbers in parentheses represent the numbers of centers responding having a position with that job title. Every center did not have all five positions. Total number of centers responding was 264.

TABLE 13

AVERAGE SALARIES OF THE STAFF MEMBERS OF DAY CARE CENTERS IN LOW, MEDIUM AND HIGH DENSITY AREAS

Staff member	Density			All centers
	Low	Medium	High	
Director	$ 8,500(40)*	$8,510(94)	$10,500(47)	$ 9,600(181)
Assistant director	10,500(13)	9,500(36)	12,000(7)	10,000(56)
Head teacher	5,832(42)	7,000(92)	7,200(43)	7,000(177)
Teacher	6,000(30)	6,000(103)	5,400(60)	5,819(193)
Teacher's aide	3,600(42)	3,987(130)	4,150(62)	3,987(234)

*Numbers in parentheses represent the numbers of centers responding having a position with that job title. Every center did not have all five positions. Total number of centers responding was 264.

In addition to paid staff members, centers often reported using volunteers. Table 14 lists the nine most frequently reported positions these volunteers filled. More private centers were observed to have volunteers than did either support or matching centers. The most frequent use of volunteer staff reported by almost all support centers and by a large number of private and matching centers was as teacher aides. Two additional services provided by volunteer staff were those of storytelling and the making or repairing of center equipment. Over one-half of the centers reported requiring individuals to have a medical examination prior to their acceptance as volunteers (Table 15).

TABLE 14

MOST COMMON TASKS OF VOLUNTEER WORKERS
FOUND IN DAY CARE CENTERS
(In Percentage of Centers Responding)

Task of worker	Type of funding			All centers
	Private	Support	Matching	
Teacher aides	70.5	93.7	72.8	76.3
Social caseworker aides	8.3	4.8	2.2	5.6
Clerical workers	21.2	22.2	27.2	23.3
Kitchen help	31.8	39.7	18.5	29.3
Maintenance	28.0	30.2	27.2	28.2
Storyteller	62.1	68.3	69.6	65.9
Interpreter	2.3	7.9	3.3	3.8
Shoppers for supplies	16.7	14.3	4.3	12.2
Maker/repairer of equipment	46.2	60.3	60.9	54.0
Other	13.6	20.6	20.7	17.4
Number of centers responding	132	63	92	287
Number of centers not responding	8	0	5	13

TABLE 15

PERCENTAGE OF CENTERS REQUIRING VOLUNTEERS
TO HAVE A MEDICAL EXAMINATION

Response	Type of funding			All centers
	Private	Support	Matching	
Require	55.5	66.1	58.0	54.0
Do not require	44.5	33.9	42.0	46.0
Number of centers responding	110	59	81	250
Number of centers not responding	30	4	16	50

Paid employees were offered varying types of benefits in many centers. Table 16 lists the seven most commonly reported kinds of benefits offered by day care centers. Several benefits were offered by a large proportion of support and matching centers: social security, paid sick leave, and paid holidays. These same benefits were also the most frequently listed for private centers; however, fewer private centers offered these or other benefits as often as those centers in the two other funded categories.

TABLE 16

BENEFITS OFFERED PAID STAFF MEMBERS
(In Percentage of Centers Responding)

Benefits	Type of funding			All centers
	Private	Support	Matching	
Hospital insurance	37.6	63.5	82.6	57.6
Health insurance	21.1	34.9	66.3	38.5
Accident insurance	41.4	60.3	77.2	56.9
Social security	75.9	85.7	94.6	84.0
Retirement	17.3	34.9	51.1	31.9
Paid sick leave	72.2	98.4	96.7	85.8
Paid holiday	75.2	90.5	93.5	84.4
Other	14.3	23.8	13.0	16.0
Number of centers responding	133	63	92	288
Number of centers not responding	7	0	5	12

Staff complaints regarding the day care program were somewhat consistent for all centers. Table 17 lists those five which were most commonly reported. The lack of percentages of greater than 50.0 was probably due to the variety of complaints reported by each center. There were some interesting differences, however, between the support and matching centers and the private centers. Lack of parent participation and poor pay were the two most frequent complaints from the support and matching centers. Private centers relatively infrequently reported poor pay as a complaint. Behavior problems of children was one of the least frequently cited complaints from all centers.

TABLE 17

THE MOST FREQUENTLY REPORTED COMPLAINTS OF STAFF MEMBERS OF PRIVATE, SUPPORT AND MATCHING CENTERS
(In Percentage of Centers Responding)

	Type of funding			
Complaint	Private	Support	Matching	All centers
Behavior of children	22.5	10.9	20.2	19.2
Poor attendance	22.5	7.3	10.1	14.9
Lack of parent participation	33.3	49.1	47.2	41.6
Poor pay	18.9	41.8	46.1	33.3
Inadequate facilities	25.2	34.5	21.3	25.9
Other	10.8	20.0	22.5	16.9
Number of centers responding	111	55	89	255
Number of centers not responding	29	8	8	45

When analyzed according to density, staff complaints were relatively similar to those reported for the three funding categories (Table 18). Lack of parent participation remained as the primary complaint across density categories. However, poor pay was reported more often from low and medium density centers. These data are consistent with that reported in Table 13 since low and medium density centers were noted as typically having a lower average salary than that found in high density centers. In high density areas a relatively frequent complaint was that of inadequate facilities.

TABLE 18

THE MOST FREQUENTLY REPORTED COMPLAINTS OF STAFF MEMBERS OF CENTERS IN LOW, MEDIUM AND HIGH DENSITY AREAS
(In Percentage of Centers Responding)

	Density			All
Complaint	Low	Medium	High	Centers
Behavior of children	7.0	27.0	7.8	19.2
Poor attendance	23.3	12.8	12.5	14.9
Lack of parent participation	44.2	39.2	42.2	41.6
Poor pay	37.2	33.8	26.6	33.3
Inadequate facilities	23.3	23.6	31.3	25.9
Other	16.3	13.5	25.0	16.9
Number of centers responding	43	148	64	255
Number of centers not responding	12	24	9	45

Staff responsibility for discussing a child's development in the program with the parents was almost always delegated to the teacher (Table 19). In the case of private centers a large percentage of directors also fulfilled this function. A large number of support and matching centers also reported using social caseworkers in this capacity. Private centers used these latter personnel much less often than did the centers in the other two funding categories. Home-school coordinators, consulting staff, and various other individuals were seldom delegated this task.

TABLE 19

STAFF MEMBER RESPONSIBLE FOR DISCUSSING CHILD'S DEVELOPMENT WITH PARENTS
(In Percentage of Centers Responding)

Staff member	Type of funding			All centers
	Private	Support	Matching	
Director	67.2	44.4	35.2	51.9
Teacher	75.6	85.7	94.5	83.9
Social caseworker	39.7	71.4	82.4	60.4
Home-school coordinator	9.9	12.7	4.4	8.8
Consulting staff	24.4	22.2	17.6	21.8
Other	11.5	11.1	13.2	11.9
Number of centers responding	131	63	91	285
Number of centers not responding	9	0	6	15

Staff Training Procedures. Staff training procedures may vary widely between day care centers. However, certain global aspects of these procedures were rather consistent for a large number of the centers in the sample studied. These training procedures typically consisted of periods of structured and un-

structured familiarization with the program at the day care center. An additional component was the widespread requirement of pre-service and/or in-service training programs for all staff members.

Some type of pre-service training sessions were frequently required of staff members and volunteer workers in most of the centers in the study sample. In fact, a large number of centers required their paid teaching staff to undergo such a program. As the data in Table 20 indicate, however, this practice was somewhat more prevalent among support and matching centers than among private centers. The percentages of centers in each funding category requiring volunteers to take part in a pre-service session was large in the sense that such sessions often require some amount of administrative planning. The same percentages were small, however, in another important sense. As the data previously reported in Table 14 indicated, in a very large percentage of centers volunteers worked directly with the children. Since individuals who work directly with children should have some sort of pre-service training to familiarize them with the program, the data in Table 20 suggest that some potentially important aspects of the volunteer training program may be missing from nearly 60% of the pre-service training programs.

TABLE 20

STAFF MEMBERS FOR WHOM PRE-SERVICE TRAINING WAS REQUIRED
(In Percentage of Centers Responding)

	Type of funding			
Staff member	Private	Support	Matching	All centers
Paid teaching staff	68.4	82.5	79.3	75.0
Volunteers	39.8	46.0	38.0	40.6
Paid service staff	22.6	31.7	15.2	22.2
Number of centers responding	133	63	92	288
Number of centers not responding	7	0	5	12

The pre-service training programs reported most often took from 1 to 2 weeks. Table 21 presents the percentages of centers reporting such pre-service training periods. Relatively few centers indicated that such periods were either less than 1 week or more than 2 weeks.

TABLE 21

LENGTH OF PRE-SERVICE TRAINING
(In Percentage of Centers Responding)

Duration	Type of funding			All centers
	Private	Support	Matching	
One day	22.6	17.5	21.7	21.2
One or two weeks	45.9	55.6	52.2	50.0
Other	15.0	23.8	13.0	16.3
Number of centers responding	133	63	92	288
Number of centers not responding	7	0	5	12

In addition to the pre-service training program, a large number of centers required an additional period of observation before an individual began working directly with the children (Table 22). More support centers required such a period than did either private or matching centers, and matching centers required them more often than did private centers.

TABLE 22

PERCENTAGE OF CENTERS REQUIRING
OBSERVATION PROGRAMS FOR EMPLOYEES

Response	Type of funding			All centers
	Private	Support	Matching	
Yes	66.7	85.2	75.8	73.6
No	33.3	14.8	26.4	24.2
Number of centers responding	132	61	91	284
Number of centers not responding	8	2	6	16

Along with the pre-service training and observation periods, in-service training sessions were also required. Table 23 presents a summary of the data from the 286 centers responding to this part of the questionnaire. These figures indicate that nearly all support and matching centers provided and required in-service training. Such training sessions were reported as being held monthly for all funding types, although some private centers reported having them only on a quarterly basis (Table 24). Weekly or bi-monthly in-service training sessions were rare and occurred during working hours in only a small proportion of the centers in the sample.

TABLE 23

PERCENTAGE OF CENTERS HAVING IN-SERVICE TRAINING PROGRAMS

Response	Type of funding			All centers
	Private	Support	Matching	
Yes	77.3	95.2	97.8	87.8
No	22.7	4.8	2.2	12.2
Number of centers responding	132	62	92	286
Number of centers not responding	8	1	5	14

TABLE 24

FREQUENCY OF IN-SERVICE TRAINING SESSIONS

(In Percentage of Centers Responding)

Frequency	Type of funding			All centers
	Private	Support	Matching	
Weekly	6.8	6.5	12.0	8.4
Two per month	6.1	17.7	9.8	9.8
Monthly	34.8	32.3	79.3	48.6
Quarterly	17.4	27.4	2.2	14.7
Other	22.0	16.1	14.1	18.2
Number of centers responding	132	62	92	286
Number of centers not responding	8	1	5	14

The in-service training sessions were usually provided by the center director (Table 25). However, additional personnel, such as early childhood education or child development specialists, were sometimes used. A large number of centers also listed specific personnel who were not consistent across centers and who were reported in Table 25 under the category "Other."

TABLE 25

PERSONNEL PRESENTING IN-SERVICE TRAINING SESSIONS
(In Percentage of Centers Responding)

Personnel	Type of funding			All centers
	Private	Support	Matching	
Director	58.3	51.6	64.1	58.7
Head teacher	21.2	24.2	32.6	25.5
Other teacher	21.2	32.2	41.3	30.1
Early childhood education or child development specialist	31.8	54.8	60.9	46.2
Other	27.3	56.5	57.6	43.4
Number of centers responding	132	62	92	286
Number of centers not responding	8	1	5	14

Data in Table 26 indicate that almost all support and matching centers and a large proportion of private centers provided in-service training for their paid staff members. In addition, over half of the support and matching centers and a slightly smaller number of private centers provided in-service sessions for their volunteer staff. In view of the lack of pre-service programs (reported in Table 20) for volunteer staff, providing in-service training for these volunteers is at least a partial response to the lack of pre-service volunteer training.

TABLE 26

STAFF MEMBERS PROVIDED IN-SERVICE TRAINING

(In Percentage of Centers Responding)

Staff member	Type of funding			All centers
	Private	Support	Matching	
Paid staff	77.3	91.9	94.6	86.0
Volunteers	40.2	56.5	55.4	48.6
Number of centers responding	132	62	92	286
Number of centers not responding	8	1	5	14

Other than pre-service and in-service training sessions, activities which may also provide useful professional educational experiences include related conferences and workshops provided by other agencies. Table 27 indicates that center directors and paid teaching staff did attend such activities in addition to their duties at the center. (Assistant directors were not usually reported as attending these conferences or workshops. One explanation for this finding may simply be that only a small number of centers actually had and/or knew the meaning of the title, assistant director.) Support and matching centers much more frequently reported their staff as having attended professional meetings. Conversely, the private centers had a much larger percentage reporting no attendance at such activities.

TABLE 27

STAFF ATTENDING PROFESSIONAL CONFERENCES AND WORKSHOPS

(In Percentage of Centers Responding)

Staff member	Type of funding			All centers
	Private	Support	Matching	
Director	64.6	86.9	92.1	78.2
Assistant director	13.8	26.2	56.2	30.0
Paid teaching staff	53.1	91.8	84.3	71.4
Paid service staff	26.9	55.7	42.7	38.2
None	20.0	6.6	1.1	11.1
Number of centers responding	130	61	89	280
Number of centers not responding	10	2	8	20

Another means of obtaining professionally relevant education is from an academic institution which provides such educational experiences. Table 28 provides a breakdown of four types of academic institutions used by center personnel for either credit or degree purposes. Colleges and universities provided the majority of such experiences. However, a sizeable percentage of support centers also had staff members enrolled at junior and community colleges.

Categorizing the centers according to density revealed that more staff members from low density centers received professionally relevant education from colleges and/or universities than did center staff in the medium and high density categories (Table 29). Of the low density centers replying to

TABLE 28

TYPES OF ACADEMIC DEGREE PROGRAMS IN WHICH STAFF MEMBERS OF PRIVATE, SUPPORT AND MATCHING CENTERS PARTICIPATED

(In Percentage of Centers Responding)

Program	Type of funding			All centers
	Private	Support	Matching	
High school	1.6	0.0	6.5	2.8
Junior or community college	9.4	27.9	16.3	15.7
College or university	54.7	72.1	73.9	64.8
Vocational training	0.0	1.6	1.1	0.7
Other	3.1	4.9	7.6	5.0
Number of centers responding	128	61	92	281
Number of centers not responding	12	2	5	19

TABLE 29

TYPES OF ACADEMIC DEGREE PROGRAMS IN WHICH STAFF MEMBERS OF CENTERS IN LOW, MEDIUM AND HIGH DENSITY AREAS PARTICIPATED

(In Percentage of Centers Responding)

Program	Density			All centers
	Low	Medium	High	
High school	0.0	4.4	1.4	2.8
Junior or community college	2.0	12.5	28.6	15.7
College or university	72.5	61.3	64.3	64.8
Vocational training	0.0	1.3	0.0	0.7
Other	0.0	5.6	5.7	5.0
Number of centers responding	51	160	70	281
Number of centers not responding	4	12	3	19

this part of the questionnaire, none indicated that their staff members used either high school or vocational training institutions for professional education. High density centers reported staff members using junior and/or community colleges for such experiences at a far greater rate than did centers in either of the other two density categories.

The availability of programs for academic credit and/or degrees often times depends on whether staff members are permitted to attend classes during working hours. As the data in Table 30 suggest, working hours were treated somewhat differently across the three funding categories. Only a small proportion of private centers reported allowing working hours to be used for attending classes. This practice was somewhat reversed for support centers and completely reversed for matching centers. The same pattern of frequencies obtained in Table 30 were obtained when population density categories of "low," "medium," and "high" were substituted respectively for "private," "support," and "matching."

TABLE 30

PERCENTAGE OF CENTERS ALLOWING EMPLOYEES
TO ATTEND ACADEMIC PROGRAMS DURING WORKING HOURS

Response	Type of funding			All centers
	Private	Support	Matching	
Yes	35.9	56.1	76.8	54.5
No	64.1	43.9	23.2	45.5
Number of centers responding	103	53	82	238
Number of centers not responding	37	10	15	52

One benefit often offered a staff member who has attended an in-service or job-related training program is a change in status on the center staff. Table 31 presents the three main avenues of status change reported. Salary increases were the most typical means of rewarding staff members for continuing their professional education. This practice was more frequent for support and matching centers. Promotion in job status was a second reward, but it was used somewhat less and was prominent primarily at support centers.

TABLE 31

STATUS CHANGES AMONG STAFF MEMBERS OF PRIVATE, SUPPORT AND MATCHING CENTERS FOR THE SUCCESSFUL COMPLETION OF DEGREE PROGRAMS

(In Percentage of Centers Responding)

Status change	Type of funding			All centers
	Private	Support	Matching	
Job promotion	31.2	58.2	43.2	41.8
Salary increases	52.1	67.3	65.4	60.3
State certification	14.6	20.0	7.4	13.4
Other	3.1	3.6	6.2	4.3
Number of centers responding	96	55	81	232
Number of centers not responding	94	8	16	68

Categorizing centers on the basis of population density revealed that, as for funding categories, an increase in salary was the major kind of staff benefit for attending an in-service or job-related training program (Table 32). However, job promotions were reported much more often by high density centers than by the centers in the other two density categories.

TABLE 32

STATUS CHANGES AMONG STAFF MEMBERS OF CENTERS IN LOW, MEDIUM AND HIGH DENSITY AREAS FOR THE SUCCESSFUL COMPLETION OF DEGREE PROGRAMS

(In Percentage of Centers Responding)

Status change	Density			All centers
	Low	Medium	High	
Job promotion	28.2	38.8	51.6	41.8
Salary increases	51.3	57.4	67.2	60.3
State certification	2.6	13.2	18.8	13.4
Other	0.0	6.2	3.1	4.3
Number of centers responding	39	129	64	232
Number of centers not responding	16	43	9	68

Conclusion. Over half the centers in the study sample hired staff members for key positions on a full-time basis. A large number of private centers, however, relied on the use of volunteers to fulfill needed staff responsibilities.

Staff members of the day care centers were, on the average, between 30 to 40 years of age, and center directors were typically about 5 years older than the rest of the staff.

Staff salaries were apparently graded according to the degree of administrative work required of a position. A definite and comparatively large difference in salaries was evident between staff members of centers in low and high density areas.

Most paid staff members and some volunteers took part in both pre-service and in-service training programs. Pre-service programs were typically 1 week or longer and, among other things, required the new staff members to observe the

program in operation prior to assuming their responsibilities. In-service training sessions were typically held after working hours on a monthly basis. The center director was most often the individual who provided this training; however, a moderate number of centers did indicate having early childhood education or child development specialists provide some sessions.

Some center staff members were also able to attend professionally relevant workshops and conferences. This type of professional educational experience was less frequent among private center personnel than among support or matching center staff. A similar trend in attendance was noted for staff members who attended courses on child care at an academic institution (i.e., private centers reported such attendance less often than support or matching centers). Furthermore, more support and matching center personnel were permitted to attend academic classes during working hours than were the staff of private centers.

Results concerning continuing education could be interpreted as indicating either that qualified staff members are more often hired for private centers than at either support or matching centers or that the quality of staff preparedness at private centers is lower than at either support or matching centers. A clue, however, to the apparent lack of private center personnel seeking such professionally and educationally relevant experiences may be that, in comparison to support and matching centers, few private centers offer tangible rewards for the successful completion of a degree program.

The Child

One of the primary recipients of day care services is the child. Since the children for whom a center is providing services can determine the characteristics of the program at the center, a description of day care centers cannot be complete without a description of the kinds of children for whom care is provided. In this section of the report, therefore, are presented preliminary analyses of (a) the characteristics of the children and (b) the services they were offered.

Characteristics of the Children. Admission criteria are generally used to determine the eligibility for enrollment at a given center. As the data presented in Table 33 suggest, there were differences in such criteria between the three funding categories. Two criteria were dominant for support and matching centers: (a) children must have come from low income housing and (b) children must have had parents who were working. The private centers did not have a dominant category or categories but, instead, reflected a more general recognition of each of the five categories listed most frequently. The results for the support and matching centers appeared, furthermore, to be in agreement with the objectives for which Title IV-A funds were intended.

Of those children eligible for admission to a center, priorities were often used to select those children who would be allowed to enroll (Table 34). Selection priorities were not as consistent for private centers as for those in the other two funding categories. "Parents working" and "presence of family adjustment problems" were the two most frequently reported priorities for support and matching centers. A larger number of matching centers used these priorities than did support centers. Relatively few support or matching centers reported using "appropriateness of the program for the child" as a selection priority. On the other hand, several private centers reported using this criterion.

TABLE 33

ADMISSION CRITERIA OF CENTERS

(In Percentage of Centers Responding)

Criterion	Type of funding			All centers
	Private	Support	Matching	
Children in area	79.9	77.0	72.8	77.0
Children in housing project	55.2	62.3	57.6	57.5
Children from low income housing	73.1	91.8	91.3	82.9
Children from different incomes	61.9	54.1	52.2	57.1
Children of working parents	73.9	88.5	88.0	81.5
Other	37.3	32.8	37.0	36.2
Number of centers responding	134	61	92	287
Number of centers not responding	6	2	5	13

TABLE 34

SELECTION PRIORITIES FOR ADMISSION TO CENTERS

(In Percentage of Centers Responding)

Priority	Type of funding			All centers
	Private	Support	Matching	
First come, first served	40.0	18.3	5.5	24.5
Parents work	37.8	70.0	86.8	60.1
Family adjustment problems	45.2	71.7	92.3	65.7
Appropriateness	38.5	21.7	14.3	27.3
Child's proximity	11.1	10.0	1.1	7.7
Number of centers responding	135	60	91	286
Number of centers not responding	5	3	6	14

Children who deviate either mentally and/or physically from the average often require specialized personnel, equipment, and/or materials at a center. Admitting such "exceptional" children to a center may not, therefore, always be possible due to the lack of such special provisions for their needs. Thus, as the data in Table 35 might suggest, accepting exceptional children into a center is probably not a widely spread practice.

When a center possesses the capability for caring for one kind of exceptionality, it can often provide care for other kinds as well. Consequently, the small percentages given in Table 35 do not necessarily represent responses from all the centers in any one funding category but rather responses from a subgroup of these centers. These data do, however, indicate that more kinds of exceptionality are cared for by support centers than by either private or matching centers.

TABLE 35

EXCEPTIONAL CHILDREN ACCEPTED BY CENTERS
(In Percentage of Centers Responding)

Exceptionality	Type of funding			All centers
	Private	Support	Matching	
Physically handicapped	48.9	54.2	52.7	51.6
Mentally retarded	47.3	55.9	25.3	47.7
Emotionally disturbed	51.1	57.6	13.2	53.0
Gifted	18.3	30.5	5.5	23.1
Other	9.9	13.6	86.8	11.7
Number of centers responding	131	59	91	281
Number of centers not responding	9	4	6	19

Children were reportedly refused admission to a day care center for several reasons (Table 36). The most common reason given was that the child was not in the acceptable age range. Refusal due to an inability to pay was non-existent (as it should be) for matching centers and nearly so for private and support centers. Transportation was not a frequently noted problem, probably because, as the data from Table 33 suggested, one admission criterion of a large number of centers was that children live in the area of the day care center. If a child was not, therefore, living within the area of the center, the probability of his being admitted was lower than if he had lived near the center.

TABLE 36

MOST FREQUENTLY REPORTED REASONS FOR REJECTING APPLICANTS TO PRIVATE, SUPPORT AND MATCHING CENTERS
(In Percentage of Centers Responding)

Reason	Type of funding			All centers
	Private	Support	Matching	
Child too young or old	47.5	60.0	56.0	52.9
Center filled	39.2	63.6	41.7	45.2
Transportation problems	28.3	30.9	11.9	23.6
Program not meeting needs	26.7	25.5	38.1	30.1
Inability to pay	5.0	5.5	0.0	3.5
Not equipped for exceptional children	3.3	1.8	3.6	3.1
Other	5.0	9.1	25.0	12.4
Number of centers responding	120	55	84	259
Number of centers not responding	20	8	13	41

Using population density to categorize the reasons for rejecting applicants (Table 37), resulted in data similar to that observed when funding categories were compared in Table 36. However, as can be seen from a comparison of Tables 36 and 37, the percentages within the density categories presented a slightly different view of these data. High density centers more often reported rejecting applicants because of their age than did low density centers. Conversely, low density programs reported rejecting applicants about twice as often as did either medium or high density centers because the program did not meet the needs of the child.

TABLE 37

MOST FREQUENTLY REPORTED REASONS FOR REJECTING APPLICANTS TO CENTERS IN LOW, MEDIUM AND HIGH DENSITY AREAS
(In Percentage of Centers Responding)

Reason	Density			All centers
	Low	Medium	High	
Child too young or old	35.8	53.1	63.2	52.9
Center filled	43.5	42.8	48.5	45.2
Transportation problems	17.4	27.6	17.6	23.6
Program not meeting needs	52.2	24.8	26.5	30.1
Inability to pay	4.3	4.8	0.0	3.5
Not equipped for exceptional children	4.3	2.1	4.4	3.1
Other	6.5	11.7	16.2	12.4
Number of centers responding	46	145	68	259
Number of centers not responding	9	27	5	41

Children who were accepted into a day care center program were not only from the preschool (3- to 5-year-old) age group. Table 38 gives the percentages of centers admitting children from different age groups. As might be expected, almost all centers reported accepting children in the 3- to 5-year-old bracket. However, over one-third also reported providing some services for children over 5 years of age, and a small number of centers in all three funding categories also reported serving children under 3 years of age.

TABLE 38

AGE RANGES OF CHILDREN ADMITTED TO CENTERS
(In Percentage of Centers Responding)

Age range	Type of funding			All centers
	Private	Support	Matching	
Under three years	22.1	14.8	6.6	15.6
Three to five years	97.8	95.1	92.3	95.5
Six to twelve years	42.6	39.3	24.2	36.1
Over twelve years	12.5	14.8	5.5	10.8
Number of centers responding	136	61	91	288
Number of centers not responding	20	8	13	41

Children enrolled at the day care centers occasionally attended other programs during the day (Table 39). Such additional program attendance was primarily due to children who were also attending kindergarten in a local school. Kindergarten children were more frequently reported as being cared for at matching centers than at centers in either of the other two funding categories.

TABLE 39

OTHER PROGRAMS ATTENDED BY CHILDREN ENROLLED AT PRIVATE, SUPPORT AND MATCHING CENTERS
(In Percentage of Centers Responding)

Alternative program	Type of funding			All centers
	Private	Support	Matching	
Day care	1.5	6.5	3.3	3.1
Kindergarten	16.2	19.4	29.3	21.0
Nursery school	3.7	0.0	1.1	2.1
Other	3.7	8.1	4.3	4.8
Number of centers responding	136	62	92	290
Number of centers not responding	4	1	5	10

Medium and low density centers reported having about twice as many children who also attended kindergarten in a local elementary school as high density centers (Table 40). No high density centers responding to this section of the questionnaire reported children to be simultaneously enrolled in other forms of day care.

A small number of centers reported providing day care services for children with some form of language exceptionality (Table 41). Results presented in Table 41 suggest that a larger number of support centers provided services to bilingual and non-English speaking children than did either private or matching centers.

As the results in Table 42 indicate, medium and high density centers reported serving children with the special language characteristics of bilinguality or non-English speaking more often than low density centers. These data suggest (and are in agreement with 1970 census information) that few children with such special language characteristics are found in low density areas of the state.

TABLE 40

OTHER PROGRAMS ATTENDED BY CHILDREN ENROLLED AT CENTERS IN LOW, MEDIUM AND HIGH DENSITY AREAS
(In Percentage of Centers Responding)

Alternative program	Density			All centers
	Low	Medium	High	
Day care	7.5	3.0	0.0	3.1
Kindergarten	22.6	22.9	12.7	21.0
Nursery school	1.9	1.8	2.8	2.1
Other	1.9	4.8	7.0	4.8
Number of centers responding	53	166	71	290
Number of centers not responding	2	6	2	10

TABLE 41

BI-LINGUAL AND NON-ENGLISH SPEAKING CHILDREN ENROLLED AT PRIVATE, SUPPORT AND MATCHING CENTERS

(In Percentage of Centers Responding)

Special language characteristic	Type of funding			All centers
	Private	Support	Matching	
Bi-lingual children	25.2	35.5	21.9	26.4
Non-English speaking children	8.1	13.3	9.8	9.9
Number of centers responding	136	62	92	290
Number of centers not responding	4	1	5	10

TABLE 42

BI-LINGUAL AND NON-ENGLISH SPEAKING CHILDREN ENROLLED AT CENTERS IN LOW, MEDIUM AND HIGH DENSITY AREAS

(In Percentage of Centers Responding)

Special language characteristic	Density			All centers
	Low	Medium	High	
Bi-lingual children	1.9	25.9	28.8	26.4
Non-English speaking children	1.9	12.3	8.2	9.9
Number of centers responding	54	163	73	290
Number of centers not responding	1	9	0	10

Not only was the language of the children enrolled in the day care center taken into account but also their race (Table 43). Nearly all centers were observed as having white children in their program. Matching centers were found to have more black children than did centers of the other two funding categories. Only a small percentage of centers had American Indian or Oriental-American children in their programs.

TABLE 43

RACIAL CHARACTERISTICS OF THE STUDY SAMPLE
(In Percentage of Centers Responding)

Race	Type of funding			All centers
	Private	Support	Matching	
American Indian	0.0	0.0	.7	.2
Black	21.3	35.6	52.1	46.0
Oriental-American	2.9	5.1	2.1	3.0
Spanish-American	4.4	16.9	12.5	10.0
White	96.4	88.1	88.5	92.0
Other	2.2	5.1	2.1	.1
Number of children at centers responding	1702	744	1258	3704
Number of centers responding	137	61	96	294
Number of centers not responding	3	2	1	6

Various reasons were given as explanations for withdrawals of children from the program at the center (Table 44) The most commonly cited reason was age, i.e., the child had had a birthday and had consequently passed the age limit accepted at the center. This reason was much more common at support and matching centers than at private ones. Few private or support centers and no matching centers reported the inability to pay for services as a reason for withdrawal. Population density categorizations revealed that a large number of high density centers reported a change in residence as another common reason for withdrawing a child from the program.

TABLE 44

MOST FREQUENTLY REPORTED REASONS FOR THE WITHDRAWAL OF CHILDREN FROM CENTERS
(In Percentage of Centers Responding)

Reason	Type of funding			All centers
	Private	Support	Matching	
Child too old	51.1	78.7	70.8	63.3
Families move	58.8	60.7	57.3	58.7
Parents care at home	29.8	9.8	28.1	24.9
Parents unable to pay	2.3	3.3	0.0	1.8
Child transferred to other care	13.0	8.2	13.5	12.1
Reasons unknown	10.7	14.8	13.5	12.5
Number of centers responding	137	61	89	287
Number of centers not responding	3	2	8	13

Almost all centers indicated that illness was the most common reason for absenteeism (Table 45). Relatively few centers reported other causes as being responsible for absences.

TABLE 45

MOST FREQUENTLY REPORTED REASONS FOR CHILDREN'S ABSENCES
(In Percentage of Centers Responding)

Reason	Type of funding			All centers
	Private	Support	Matching	
Illness	95.6	98.4	95.7	96.2
Transportation	25.5	17.5	17.4	21.2
With parents when home	28.5	33.3	39.1	32.9
Child's reluctance	0.7	1.6	6.5	2.7
Other	2.9	9.5	10.9	6.8
Number of centers responding	137	63	92	292
Number of centers not responding	3	0	5	8

Services Offered. Most centers reported that they did not use any form of assessment procedures to determine a child's level of development. Since this type of testing typically requires trained personnel or outside consultant services, it was not unexpected that only 40% of the private centers and approximately 30% of the support and matching centers indicated that they did attempt some form of developmental assessment.

When children were admitted to the day care center program, they were required by nearly all centers in the sample to receive a physical examination. As the data in Table 46 indicate, the family physician was the primary medical agent providing this service. In addition to the physician, however, a small proportion of centers indicated that these examinations were given by medical personnel on their staff. More support and matching centers reported having physical examinations given by medical personnel on the staff of the center than did private centers.

TABLE 46

PERSONNEL ADMINISTERING A PHYSICAL EXAMINATION
TO ENTERING CHILDREN
(In Percentage of Centers Responding)

	Type of funding			
Personnel	Private	Support	Matching	All centers
Family physician	70.8	77.4	57.6	68.0
Program medical staff	19.0	37.1	38.0	28.9
Other	13.9	16.1	16.3	15.1
Number of centers responding	137	62	92	291
Number of centers not responding	3	1	5	9

If children enrolled at the center did not have the required inoculations, few of the private centers reported any attempt on the part of their center staff members to correct this condition (Table 47). However, a large percentage of both support and matching centers indicated that they either gave or arranged for the required inoculations to be given.

TABLE 47

PERCENTAGE OF CENTERS PROVIDING
OR ARRANGING FOR INOCULATIONS

Response	Type of funding			All centers
	Private	Support	Matching	
Yes	40.6	79.7	84.7	62.5
No	59.4	20.3	15.3	37.5
Number of centers responding	133	59	85	277
Number of centers not responding	7	4	12	23

In addition to physical examinations, several centers indicated they had program staff who also gave hearing, dental, speech and/or vision examinations (Table 48). Such additional health examinations were more typical of support and matching centers than of private ones.

TABLE 48

ADDITIONAL HEALTH EXAMINATIONS PROVIDED BY CENTERS
(In Percentage of Centers Responding)

Type of examination	Type of funding			All centers
	Private	Support	Matching	
Hearing	39.6	53.2	60.0	49.0
Dental	24.6	48.4	42.2	35.3
Speech	42.5	45.2	47.8	44.8
Vision	32.1	54.8	65.6	47.6
None of the above	43.3	37.1	23.3	35.7
Number of centers responding	134	62	90	286
Number of centers not responding	6	1	7	14

If children attending the center were ill (colds, upset stomach, etc.), most centers adopted the policy of encouraging the child to stay at home (Table 49). Medical care at the center for such minor illnesses was slightly more often reported by support and matching centers than by private ones.

TABLE 49

CENTER POLICY REGARDING CHILDREN WHO ARE ILL
(In Percentage of Centers Responding)

Policy	Type of funding			All centers
	Private	Support	Matching	
Child remains at home	94.2	92.1	90.1	92.4
Care in center	13.9	22.2	30.8	21.0
Care out of center	2.9	19.0	13.2	9.6
Number of centers responding	137	63	91	291
Number of centers not responding	3	0	6	9

A large proportion of the centers reported offering some form of personal hygiene education for the children in their programs (Table 50). Across all centers three topics were most frequently cited as being part of the personal hygiene program: grooming, teeth care, and nutrition. More matching centers reported offering each of the six most frequently mentioned aspects of personal hygiene than either support or private centers. Similarly, there were more support than private centers providing these services. Drug abuse education was almost nonexistent among the support and private centers, and only a few matching centers reported having such a program.

TABLE 50

PERSONAL HYGIENE TRAINING OFFERED BY CENTERS

(In Percentage of Centers Responding)

Kind of training	Type of funding			All centers
	Private	Support	Matching	
Nutrition	62.7	74.6	88.0	73.4
Grooming	84.3	81.0	88.0	84.8
Teeth care	75.4	81.0	92.4	82.0
Bathing	53.7	60.3	77.2	62.6
Caring for cuts	31.6	28.6	62.0	44.3
Drug abuse	3.7	3.2	14.1	6.9
None of above	10.4	15.9	6.5	10.4
Number of centers responding	134	63	92	289
Number of centers not responding	6	0	5	11

In order to facilitate the learning of proper personal hygiene and to encourage its maintenance, centers attempted to provide individual children with those items which were a necessary part of the daily personal hygiene regimen (Table 51). More support and matching centers reported providing these items than did private ones.

In some cases centers reported instances in which parental child abuse was suspected. In all types of centers the primary means of determining such abuse (Table 52) was through staff observations of the child. In addition, some support and matching centers reported that talking with the child was used.

In cases in which child abuse was suspected, the preferred action (Table 53) was to contact a social worker. The next more frequently reported

action was to make some form of contact with the family. This type of contact was more frequent among support centers, although it was also reported by a few private and matching centers.

TABLE 51

PERSONAL HYGIENE ITEMS DISTRIBUTED
TO THE CHILDREN AT CENTERS
(In Percentage of Centers Responding)

Item	Type of funding			All centers
	Private	Support	Matching	
Toothbrush	40.0	66.1	72.8	56.1
Toothpaste	25.2	51.6	58.7	41.5
Washcloth	23.7	46.8	42.4	34.6
Towels	57.0	51.6	62.0	57.4
Soap	42.2	43.5	41.3	42.2
None of the above	28.9	19.4	19.6	23.9
Number of centers responding	135	62	92	289
Number of centers not responding	5	1	5	11

TABLE 52

MEANS OF DETERMINING PARENTAL MALTREATMENT OF THE CHILD

(In Percentage of Centers Responding)

Means	Type of funding			All centers
	Private	Support	Matching	
Observing child	50.7	63.5	61.5	56.9
Talking with child	25.0	42.9	46.2	35.5
Report of caseworker	11.8	19.0	27.5	18.3
Report of day care staff	23.5	31.7	19.8	24.1
Report of community	14.0	17.5	12.1	14.1
Number of centers responding	136	63	91	290
Number of centers not responding	4	0	6	10

TABLE 53

ACTION TAKEN FOR SUSPECTED PARENTAL CHILD ABUSE

(In Percentage of Centers Responding)

Action	Type of funding			All centers
	Private	Support	Matching	
Refer to social worker	33.8	55.6	54.9	45.2
Refer to physician	8.1	7.9	19.8	11.7
Refer to police	2.9	0.0	1.1	1.7
Staff contact family	27.2	41.3	27.5	30.3
Staff contact other	7.4	7.9	2.2	5.9
Other	13.2	20.6	26.4	19.0
Number of centers responding	136	63	91	290
Number of centers not responding	4	0	6	10

Because most children are in day care during a large portion of the day, the serving of snacks and meals is an important aspect of the services provided by the day care center. The planning of proper meals and snacks at the centers was more often reported as being the responsibility of the center cook rather than that of any other personnel (Table 54). However, many support and matching centers also reported using a dietitian for this purpose. The center director was less frequently reported as being involved in this task. Almost none of the private and support centers reported using a commercial firm for menu planning, although a small proportion of the matching centers did.

Almost every center reported that the teachers would sit at tables and eat along with the children.

TABLE 54

STAFF RESPONSIBILITY FOR PLANNING MENUS
(In Percentage of Centers Responding)

Staff member	Type of funding			All centers
	Private	Support	Matching	
Dietitian	18.3	34.9	40.2	29.0
Day care supervisor	27.5	23.8	14.1	22.4
Day care cook	31.3	44.4	31.5	34.3
Commercial firm	2.3	1.6	14.1	5.9
Staff	8.4	17.5	13.0	11.9
Other	22.9	23.8	25.0	23.8
Number of centers responding	131	63	92	286
Number of centers not responding	9	0	5	14

Children were allowed to help with the meals and snacks in several ways. A small number of centers reported including children during the planning of menus (Table 55). Most centers, however, only required that the children clean up after eating. Children's bringing the snacks to the table and serving them were also reported, although somewhat less frequently than their cleaning up. A small but much larger percentage of support and matching centers than private centers also allowed their children to participate in the actual preparation of the meals.

TABLE 55

RESPONSIBILITIES OF THE CHILDREN
FOR SNACKS AND MEALS
(In Percentage of Centers Responding)

Responsibility	Type of funding			All centers
	Private	Support	Matching	
Plan menu	7.4	4.9	14.3	9.1
Cook meals	13.1	37.7	28.6	23.7
Serve meals	36.1	63.9	65.9	52.2
Cleanup after meals	54.9	85.2	86.8	72.3
Plan snacks	16.4	26.2	37.4	25.5
Get snacks	61.5	77.0	79.1	70.8
Serve snacks	73.8	82.0	81.3	78.1
Cleanup after snacks	86.7	91.8	94.5	90.5
Number of centers responding	122	61	91	274
Number of centers not responding	18	2	6	26

About half of the centers indicated that they provided half-day sessions for children who were also enrolled elsewhere in kindergarten. Additional services for these and other grade school children were serving breakfast, lunch, and after school supervision (Table 56). These services were reported by a very small percentage of support centers and an even smaller percentage of private and matching ones. Summer child care services were offered by less than half of those centers providing information for this section of the questionnaire. Low density centers offered summer programs nearly twice as often as did medium and high density programs.

TABLE 56

SERVICES PROVIDED FOR GRADE SCHOOL CHILDREN
(In Percentage of Centers Responding)

Service	Type of funding			All centers
	Private	Support	Matching	
Breakfast	10.1	18.6	3.8	10.1
Lunch	17.6	28.8	12.7	18.7
After school care	20.2	37.3	21.5	24.5
Summer care	38.7	44.1	36.7	39.3
None	49.6	49.2	51.9	50.2
Number of centers responding	119	59	79	257
Number of centers not responding	21	4	18	43

Services for physically handicapped children were offered at 214 of the centers in the sample. Seven main types of services were available to these children (Table 57). The most frequently reported service offered at these centers was speech therapy. A small percentage of centers in all three funding categories also reported providing child guidance and child psychological counseling. Special education classes and the typically attendant functions of special medical care and physical rehabilitation programs were offered more often by the private centers. Low density centers offered child guidance counseling and child psychological counseling services about twice as often as did medium and high density centers.

TABLE 57

SERVICES OFFERED TO PHYSICALLY HANDICAPPED CHILDREN
(In Percentage of Centers Responding)

Service	Type of funding			All centers
	Private	Support	Matching	
Speech therapy	45.3	42.2	37.3	42.1
Child guidance counseling	26.6	13.3	36.0	27.1
Child psychological counseling	28.7	20.0	44.0	32.2
Tutoring	14.9	6.7	17.3	14.0
Special education classes	29.8	20.0	6.7	19.6
Special medical care	22.3	17.8	18.7	20.1
Physical rehabilitation program	28.7	13.3	2.7	16.4
Number of centers responding	94	45	75	214
Number of centers not responding	46	18	22	86

Conclusion. Children applying for admission to day care programs at support and matching centers were selected primarily on the basis of either (a) living in low income housing and/or (b) having parents who worked. Children satisfying either or both of these criteria were further screened on the basis of whether their family was experiencing adjustment problems. Private centers as a group did not, however, follow any criterion or set of criteria consistently.

Approximately half of the centers in all three funding categories accepted children with some form of exceptionality. Almost no centers rejected children because of an inability on the parents' part to pay for the child's day care. Rejection was most often contingent upon either the child being too old for the full-time day care program or the center being filled.

The majority of children attending the centers were from 3 to 5 years of age. A small number of centers in each of the three funding categories indicated accepting children who attended other types of programs such as kindergarten or nursery school. Typically, these children were admitted to the center on less than a full-time basis.

Most of the centers who reported having children with special language characteristics in attendance were either medium or high density centers.

A large percentage of centers reported giving some form of medical examination to the children in their program. Support and matching centers reported more than twice the frequency of providing inoculations to children who needed them than did private centers. Vision and hearing check-ups were the two examinations most often reported as given to the children in addition to the physical examination. Personal hygiene training and materials were

provided to children by most centers in the study sample. In instances of suspected child abuse, most often determined by observing the child, the case was generally reported to a social worker.

Relatively few centers reported having a dietitian to plan meals and snacks. In some centers children were allowed to participate in such planning but most often they merely cleaned up after eating. A very small number of programs reported providing breakfast, lunch or after-school snacks at their center for children enrolled elsewhere.

The Family

Although the child might appear to be the primary recipient of a day care center's services, the program must also provide either direct or indirect benefits to the family in order for the program to be considered successful. This section will attempt to describe the general background of the children attending the programs and their families and to describe the services provided for the families by the day care centers.

General Family Background. Before parents can enroll their children in a specific day care center, they must be aware that the center exists. They discovered the centers in several different ways (Table 58). In the case of nearly all of the support and matching centers (at least 95%) and a smaller percentage of private centers (approximately 83%), some parents had been referred to the center by a public agency. Advertisements were also used as a means of informing parents of the availability of center programs, although more private than either support or matching centers used this medium. However, parents most often learned of the day care centers in which their child was enrolled from their friends or from parents of children who were already enrolled.

TABLE 58

WAYS FAMILIES LEARNED OF THE DAY CARE CENTER PROGRAM

(In Percentage of Centers Responding)

Medium of discovery	Type of funding			All centers
	Private	Support	Matching	
Advertisement	63.5	41.3	43.5	52.4
Public agency referrals	83.2	96.8	94.6	89.7
Private agencies	58.4	55.6	62.0	58.9
Parents of enrolled children	96.4	93.7	97.8	96.2
Friends	86.9	85.7	92.4	88.4
Unknown	2.9	1.6	0.0	1.7
Number of centers responding	137	63	92	292
Number of centers not responding	3	0	5	8

In order to determine some descriptive characteristics of the families using the day care center, three questions about family life were asked. They concerned family size, person(s) with whom the child lived, and multiple enrollments from a single family.

Almost every center reporting family size indicated having children in their programs from each of the four family-size categories (Table 59). More private centers reported serving 4-person families than any of the three other family-size categories. Support and matching centers reported providing service for families in all four of the family-size categories almost equally.

TABLE 59

SIZE OF FAMILIES WITH CHILDREN ENROLLED IN CENTERS
(In Percentage of Centers Responding)

Family size	Type of funding			All centers
	Private	Support	Matching	
Less than four people	73.5	94.4	89.8	83.7
Four people	82.1	92.6	89.6	86.8
Five people	75.2	90.7	83.9	81.8
Greater than five people	71.8	90.7	89.6	81.3
Number of centers responding	117	54	87	258
Number of centers not responding	23	9	10	42

Children enrolled at the day care centers in the sample tended to live with both of their parents or with their mothers (Table 60). Percentages of centers reporting "mother only" and "both parents" were about equal among the support and matching centers. However, private centers reported fewer "mother only" cases than "both parents." Relatively few centers in any of the funding categories reported having children who lived with their grandparents only, with foster parents, or who had some other type of arrangement.

Approximately 75% of the day care centers reported having more than one child from the same family enrolled in a program. The percentage was about 12% higher for matching centers, the same for support centers, and about 8% less for private centers.

TABLE 60

PERSON(S) WITH WHOM CHILD LIVED

(In Percentage of Centers Responding)

Person	Type of funding			All centers
	Private	Support	Matching	
Mother only	72.7	95.0	96.7	86.2
Both parents	87.1	98.3	97.8	93.2
Grandparents only	16.6	23.3	24.2	20.5
Foster parents only	22.7	35.0	27.4	26.9
Other	25.0	25.0	24.2	24.7
Number of centers responding	132	60	91	283
Number of centers not responding	8	3	6	17

Parental complaints, as listed by the centers in the study sample, primarily concerned problems involving the transportation of their child(ren) to and from the center (Table 61). More support centers reported this parental complaint than did either private or matching centers. Only a small percentage of centers reported complaints in any of the other four categories listed in Table 61.

TABLE 61

COMMON PARENTAL COMPLAINTS ABOUT THE PROGRAM
(In Percentage of Centers Responding)

Complaint	Type of funding			All centers
	Private	Support	Matching	
Cost	8.3	5.8	3.6	6.3
Transportation	55.8	69.2	57.8	59.2
Hours open	17.5	5.8	4.8	11.0
Activities for child	2.5	3.8	3.6	3.1
Discipline	10.8	7.7	14.5	11.4
Number of centers responding	120	52	83	255
Number of centers not responding	20	11	14	45

Family Services. The type and extent of services offered to the family of a child enrolled at a day care center are integral parts of the overall program at the center. The scope of these services is varied and depends in part upon the needs of the families being served by the center.

Although no single type of service was offered by more than 58% of the centers in this study (Tables 62 and 63), several services were mentioned frequently by all centers: health, nutrition, psychological, marriage, and family counseling. In the case of each of the seven specific services listed in Table 62, the percentages reported by the private centers were the smallest and by the matching centers, the largest. Utilization of these services was more often reported by support centers than by centers in the private or matching categories. Low and high density centers

reported offering job counseling, marriage counseling, health and psychological services more often than did medium density centers. The percentages of centers offering birth control and prenatal counseling were larger for high density centers than for low or medium density centers.

TABLE 62

VARIOUS SERVICES OFFERED TO FAMILIES WITH CHILDREN ENROLLED IN PRIVATE, SUPPORT AND MATCHING CENTERS
(In Percentage of Centers Responding)

Service	Type of funding			All centers
	Private	Support	Matching	
Job counseling	16.3	38.2	47.6	32.0
Marriage counseling	33.3	36.4	51.2	40.1
Birth control	21.0	23.6	29.3	24.4
Health counseling	33.3	54.5	56.1	45.9
Nutrition counseling	30.5	54.5	57.3	45.0
Prenatal counseling	12.4	18.2	24.4	17.8
Psychological counseling	37.1	47.3	51.2	44.2
Other	5.7	7.3	4.9	5.8
Number of centers responding	105	55	82	242
Number of centers not responding	35	8	15	58

TABLE 63

VARIOUS SERVICES OFFERED TO FAMILIES WITH CHILDREN ENROLLED IN CENTERS IN LOW, MEDIUM AND HIGH DENSITY AREAS

(In Percentage of Centers Responding)

Service	Density			All centers
	Low	Medium	High	
Job counseling	39.1	25.0	40.0	32.0
Marriage counseling	52.2	29.4	51.7	40.1
Birth control	13.0	24.3	31.7	24.4
Health counseling	50.0	42.6	45.0	45.9
Nutrition counseling	52.2	44.9	36.7	45.0
Prenatal counseling	10.9	18.4	20.0	17.8
Psychological counseling	54.3	36.0	50.8	44.2
Other	0.0	8.1	5.1	5.8
Number of centers responding	46	136	60	242
Number of centers not responding	9	37	13	58

Another set of services offered parents by the centers was parent education programs (Table 64). Classes offered in such programs varied among centers, and no more than 60% of the centers in any one funding category reported the same content in a class. Of the five subjects covered most frequently by the centers, more support centers reported providing such classes than did either private or matching centers.

Support centers also had the highest attendance rates for parent education classes of all the centers in the three funding categories. The two most frequently attended classes were "children's classroom activities" and "social-emotional growth education."

TABLE 64

PARENT EDUCATION CLASSES OFFERED BY CENTERS

(In Percentage of Centers Responding)

Class offered	Type of funding			All centers
	Private	Support	Matching	
Child's classroom activities	36.6	60.3	38.0	42.2
Nutrition	21.6	39.7	39.1	31.1
Health education	26.1	44.4	37.0	33.6
Growth education	36.6	50.8	26.1	36.3
Exceptional children	32.8	30.2	6.5	23.9
Other	5.2	9.5	2.2	5.2
Number of centers responding	134	63	92	289
Number of centers not responding	6	0	5	11

The data in Table 65 are percentages of centers reporting those persons who planned and conducted the parent education classes. Parents, teachers, and the director were the most commonly mentioned persons performing this function. Social workers, Department of Public Welfare personnel, Pennsylvania State University extension personnel, and local college or university personnel were mentioned by approximately 20 to 30% of the matching centers. These percentages, with the exception of those obtained for social workers, were much smaller for private and support centers than for matching centers.

TABLE 65

PERSON RESPONSIBLE FOR PARENT EDUCATION CLASSES

(In Percentage of Centers Responding)

Person responsible	Type of funding			All centers
	Private	Support	Matching	
Director	9.7	3.2	2.2	5.9
Director and teachers	16.4	14.3	10.9	14.2
Parents, teachers and directors	26.9	34.9	37.0	31.8
Social worker (staff)	19.4	27.0	31.5	24.9
Department of Public Welfare personnel	1.5	3.2	20.7	8.0
Pennsylvania State University personnel	8.2	7.9	26.1	13.8
Local college or university personnel	6.0	15.9	19.6	12.5
Other	12.9	25.4	31.5	23.9
Number of centers responding	134	63	92	289
Number of centers not responding	6	0	5	11

Since not all parents could or would attend the parent education classes, centers used various means to increase their parents' attendance rates (Table 66). The primary means was to allow parents to set their own times for a class. Babysitting and transportation services were also provided by some centers. Support and matching centers tended to offer more than one of these considerations for parents. Low density centers tended to offer parents transportation to these classes more often than did either medium or high density centers.

TABLE 66

CONSIDERATIONS OFFERED PARENTS BY CENTERS IN ORDER TO INCREASE ATTENDANCE IN PARENT EDUCATION CLASSES

(In Percentage of Centers Responding)

Type of consideration	Type of funding			All centers
	Private	Support	Matching	
Pay	0.7	4.8	2.2	2.1
Babysitting	31.3	46.0	44.6	38.8
Meals	12.7	20.6	8.7	13.1
Transportation	30.6	38.1	50.0	38.4
Selection of meeting time	38.1	50.8	55.4	46.4
Other	2.2	16.	3.3	2.4
Number of centers responding	134	63	92	289
Number of centers not responding	6	0	5	11

To facilitate the parents' and child's learning experiences, some centers offered lending services (Table 67). Book lending services were reported by 35% of the centers responding. Toy lending policies, however, were much less frequently noted. More private centers reported these lending services than did either support or matching centers.

TABLE 67

LENDING SERVICES OFFERED BY CENTERS
(In Percentage of Centers Responding)

Lending service	Type of funding			All centers
	Private	Support	Matching	
Book lending	40.6	31.1	30.8	35.6
Toy lending	9.8	4.9	4.4	7.0
Number of centers responding	133	60	91	284
Number of centers not responding	7	3	6	16

In order to assist parents in understanding the program and their child, some centers provided certain kinds of information to parents regarding their child (Table 68). This information was usually in the form of health records and/or reports from the child's teachers. In some centers, however, parents were allowed to see reports of psychological and intelligence testing. This practice was about three times more frequent at low density centers than at either medium or high density centers.

TABLE 68

INFORMATION PROVIDED TO PARENTS
ABOUT THEIR CHILDREN

Type of information	Type of funding			All centers
	Private	Support	Matching	
Reports of teacher	60.5	69.5	65.6	64.2
Results of psychological tests	21.8	22.0	34.4	26.1
Results of intelligence tests	18.5	6.8	8.9	12.7
Health records	63.9	76.3	72.2	69.4
Number of centers responding	119	59	90	268
Number of centers not responding	21	4	7	32

While approximately one-third of the centers in the sample reported a complete lack of male volunteers, the majority of centers reported having between one and five men as volunteers (Table 69). These men provided such services as transportation, teaching, and maintenance work, although the majority of centers reported that they used male volunteers for repair work at the center. These results were also observed when centers were grouped on the basis of population density.

TABLE 69

THE NUMBER OF MALE VOLUNTEERS
(In Percentage of Centers Responding)

Number	Type of funding			All centers
	Private	Support	Matching	
None	33.1	27.4	33.7	32.0
One to five	50.8	61.3	55.4	54.6
Six to ten	6.2	9.7	9.8	8.1
More than ten	10.0	1.6	1.1	5.3
Number of centers responding	130	62	92	284
Number of centers not responding	10	1	5	16

Not only did the centers provide services for the family, but many parents contributed their services to the centers. These parents, in parent groups at the centers, were reported to be concerned about several aspects of the program (Table 70). The majority of centers responded to this section of the questionnaire and indicated that parent group concerns were not specific within any single funding category. The most commonly mentioned concerns were public relations and fund raising for the center. Public relations and fund raising were also reported more often by low density centers than by centers in the other two density categories.

TABLE 70

PRIMARY CONCERNS OF PARENT GROUPS AT CENTERS

(In Percentage of Centers Responding)

Concern	Type of funding			All centers
	Private	Support	Matching	
Setting staff policies	5.3	14.5	14.1	10.1
Setting program policies	7.5	21.0	27.2	16.7
Planning	15.8	27.4	39.1	25.8
Public relations	22.6	32.3	57.6	35.9
Fund raising	30.1	40.3	57.6	41.1
Staff recruitment	11.3	16.1	10.9	12.2
Staff evaluation	6.8	16.1	13.0	10.8
Staff training	3.8	3.2	9.8	5.6
Program evaluation	15.0	27.4	39.1	25.4
Other	6.8	11.3	16.3	10.8
Number of centers responding	133	62	92	287
Number of centers not responding	7	1	5	13

Several different contributions were noted by centers as being important actions of their parent groups (Table 71). The most frequently noted contribution was that of interpreting the services of the center to the community. These contributions to the activities of the center were not very consistent within any funding category, nor were they so for all centers. It is most likely that the small percentages given in Table 71 are a result of the varying needs of the centers and therefore, of the varying definitions of an "important contribution."

TABLE 71

IMPORTANT CONTRIBUTIONS OF THE PARENT GROUPS

(In Percentage of Centers Responding)

Contribution	Type of funding			All centers
	Private	Support	Matching	
New form of operations	0.8	19.4	12.0	8.4
Prepaid fund raising	9.8	4.8	21.7	12.5
Fund raising	12.8	22.6	18.5	16.7
Preparation of budget	9.0	6.5	9.8	8.7
Development of curriculum	6.0	6.5	3.3	5.2
Participation in training	0.8	4.8	1.1	1.7
Evaluation of program	1.5	1.6	4.3	2.4
Interpretation of services to the community	9.8	27.4	46.7	25.4
Other	9.8	6.5	26.1	14.3
Number of centers responding	133	62	92	287
Number of centers not responding	7	1	5	13

Conclusion. The typical size of a day care family was four, although a large degree of variability was evident. The head of the family was slightly more often reported to be the father, although "mother only" families were nearly as frequent.

Families of children at the center were offered four kinds of services at the center: marriage, health, nutrition and psychological counseling. Teacher reports and health records were provided to parents by staff members of the centers.

In addition, many centers reported offering a program of parent education classes. Typically these classes dealt with the growth and nutrition of the child. Such classes were usually offered by some combination composed of the director, parents, and teaching staff of the center. To entice parents to attend these classes, a flexible meeting time was provided and transportation and babysitting were arranged.

Parent groups at the center were most often organized at matching centers. These groups primarily functioned as fund raisers and as interpreters of day care services to the community. There was a definitely larger number of parent group activities at the matching centers over either private or support centers.

Community Outreach

The community to which the center offers its services is itself, in addition to the staff, the child, and the family, an important determinant of the day care center program. Since the needs of the community are reflected in the kinds of services the center offers to the community, this section will present a general description of those more common community oriented services which centers in the study provided.

About two-thirds of the centers offered some kind of child service to parents whose children were not enrolled in the day care program (Table 72). These services were primarily counseling and referral services for both the parents and the child. Additional services noted were hourly child care services for the child and educational or training programs for the parents.

TABLE 72

CHILD CARE SERVICES OFFERED BY THE CENTERS TO THE COMMUNITY
(In Percentage of Centers Responding)

Service	Type of funding			All centers
	Private	Support	Matching	
Hourly non-enrolled care	16.8	15.6	6.2	13.3
Education/training	25.7	31.1	20.0	25.1
Counseling and referral	54.5	71.1	55.4	58.3
Number of centers responding	101	45	65	211
Number of centers not responding	39	18	32	89

The services to which centers in this study sample could refer people are presented in Table 73. In general, most services were referred to by over 40% of the centers. The primary focus of these services, as reflected by percentage figures greater than 40%, was on personal, as opposed to business, services.

Health services were more often reported by support and matching centers than by private ones. Child health service and visiting nurses were the most common health services noted by all centers.

Family services consisted primarily of visiting homemakers and birth control education. These services could be offered most often by matching centers and least often by private ones.

Nutrition services consisted primarily of securing welfare assistance in the form of food stamps. As might be expected, more centers in the support and matching categories could provide these services than could private centers.

TABLE 73

COMMUNITY AGENCIES AND SERVICES TO WHICH CENTERS REFER PEOPLE

(In Percentage of Centers Responding)

Type of service	Agency or service	Type of funding			All centers
		Private	Support	Matching	
Health services	General health clinic	49.6	63.3	71.4	59.9
	Maternity clinic	18.2	36.7	40.7	29.8
	Child health service	57.0	71.7	67.0	63.6
	Visiting nurses	61.2	68.3	61.5	62.9
	Dental clinic	38.8	60.0	47.3	46.3
Family services	Visiting homemakers	46.3	56.7	64.8	54.8
	Birth control	38.8	56.7	62.6	50.7
Nutrition services	Food stamps	43.8	76.7	73.6	61.0
	Emergency food & medicine	18.3	48.3	37.4	31.2
Legal services	Legal aid center	38.0	68.3	52.7	49.6
	Civil liberties union	7.4	15.0	12.1	10.7
	Small business administration	4.1	18.3	9.9	9.2
Social welfare services	Hospitals	54.5	58.3	56.0	55.9
	Mental health clinics	66.1	73.3	74.7	70.6
	Neighborhood centers	22.3	43.3	31.9	30.1
	Churches	47.9	56.7	52.7	51.5
	Day care centers	43.8	63.3	67.0	55.9
	Private agencies	53.7	66.7	61.5	59.2
	Catholic charities	36.4	45.0	35.2	37.9
	Jewish agencies	17.4	28.3	24.2	22.1
	YMCA/YWCA	37.2	46.7	41.8	40.8
	Welfare departments	76.9	90.0	81.3	79.0
Housing services	City housing dept. office	19.8	48.3	50.5	36.4
	Family relocation services	9.1	28.3	24.2	18.4
Number of centers responding		121	60	91	272
Number of centers not responding		19	3	6	28

Legal service referrals consisted mostly of assistance in securing legal aid. As noted for nutrition services, these kinds of assistance were more often referred to by support and matching centers than by private centers.

A large number of different kinds of social welfare services were reported as being available to centers in the study sample. For almost every one of these social welfare services, support centers most often reported that they made referrals to these kinds of agencies. Private centers, on the other hand, reported referral capabilities in these areas least often. The two types of referral agencies used the most were welfare departments and mental health clinics.

Assistance in obtaining housing services consisted largely of making referrals to the city housing department office. More support and matching centers reported making these referrals than did private centers.

The percentages given in Table 74 indicate the number of centers in a given funding category that offered additional services to the community as a whole. The range of services covered in this table is relatively broad. The low values in the table indicate the low degrees of similarity between centers with respect to these services. The most frequently reported services for all centers, however, were speech therapy, psychological counseling, and health counseling. When categorized on the basis of density, low density centers had between one and one-half to two times as many instances of centers offering these three services than did medium or high density centers.

TABLE 74

SERVICES OFFERED TO COMMUNITY MEMBERS
(In Percentage of Centers Responding)

Service	Type of funding			All centers
	Private	Support	Matching	
Speech therapy	44.7	41.3	45.8	44.3
Child guidance counseling	36.2	32.6	26.4	32.1
Psychological counseling	30.9	34.8	47.2	37.3
Job counseling	6.4	19.6	16.7	12.7
Marriage counseling	16.0	15.2	22.2	17.9
Birth control	6.4	17.4	20.8	13.7
Prenatal counseling	6.4	10.9	11.1	9.0
Health counseling	30.9	32.6	41.7	34.9
Nutritional counseling	24.5	37.0	37.5	31.6
Other	9.6	6.5	15.3	10.8
Number of centers responding	94	46	72	212
Number of centers not responding	46	17	25	88

In addition to services for the community in general, some day care centers also provided child services for children not regularly enrolled in the program (Table 75). The most common of such services were providing day care for school age children and day care camping experiences. As noted for the data in Table 74, although the list of these services is rather long and varied, the percentages of centers offering any one service is small. As before, this occurrence suggests that these peripheral services are specific to the needs of a community and do not generalize into any pattern across centers.

TABLE 75

DAY CARE SERVICES PROVIDED FOR NON-ENROLLED CHILDREN

(In Percentage of Centers Responding)

Service	Type of funding			All centers
	Private	Support	Matching	
School-age day care	18.9	34.1	11.1	20.2
Day care camping	24.2	22.7	13.2	20.8
Arts, crafts	9.5	9.1	7.5	8.9
Cooking	1.1	2.3	5.7	2.6
Sewing	2.1	2.3	5.7	3.1
Sports	15.8	9.1	7.5	12.0
Tutoring	4.2	6.8	9.4	6.2
Music classes	2.1	4.5	5.7	3.6
Other	15.8	22.7	13.0	16.6
Number of centers responding	95	44	53	192
Number of centers not responding	45	19	44	108

As a further service to the community, some day care centers provided certain information about a child in the center to different community agencies (Table 76). Most of this information was provided to schools and to social welfare agencies. Support and matching centers more often supplied this latter group with information about a child than did private centers. In addition, there was a moderate percentage of centers that provided this information to other day care programs.

TABLE 76

AGENCIES ABLE TO OBTAIN INFORMATION
FROM A CENTER ABOUT A CHILD
(In Percentage of Centers Responding)

Agency	Type of funding			All centers
	Private	Support	Matching	
Schools	77.6	75.4	84.3	79.3
Social welfare agencies	52.8	62.3	80.9	64.0
Other programs	30.4	36.1	43.8	36.0
Community organizations	16.8	18.0	7.9	14.2
Other	9.7	14.8	9.0	10.6
Number of centers responding	125	61	89	275
Number of centers not responding	15	2	8	25

The information supplied to the agencies noted in Table 76 can primarily be divided into four categories: health records, teacher reports, psychological test reports and family information (Table 77). Of interest were the small percentages of centers reporting that no such information was provided. These small percentages were interpreted as a positive indication of the degree of cooperation between the receiving agencies and the day care centers in the sample.

TABLE 77

CATEGORIES OF INFORMATION SUPPLIED
BY DAY CARE CENTERS TO AGENCIES
(In Percentage of Centers Responding)

Information	Type of funding			All centers
	Private	Support	Matching	
Health records	63.2	68.9	87.6	72.4
Teacher reports	60.8	67.2	64.0	63.3
Psych. test reports	52.8	45.9	61.8	54.2
Family information	57.6	63.9	64.0	61.1
Other	7.2	11.5	1.1	6.2
None	16.8	9.8	9.0	12.7
Number of centers responding	125	61	89	275
Number of centers not responding	15	2	8	25

Several day care centers reported receiving donations from different parts of the community (Table 78). These donations were more often materials and equipment which the center could use but also frequently consisted of a building (at reduced or no cost) and clothing. About 24% of the centers responding indicated that they received no donations at all from their communities. More high density centers reported receiving a building, material and clothing than did centers in the other two density categories.

TABLE 78

THE TYPES OF DONATIONS RECEIVED BY THE CENTERS FROM THE COMMUNITY

(In Percentage of Centers Responding)

Type of donation	Type of funding			All centers
	Private	Support	Matching	
Building	49.2	47.5	48.4	48.6
Materials	55.5	62.7	49.5	55.0
Clothing	31.3	50.8	50.5	41.7
Food	23.4	32.2	34.1	28.8
Transportation	13.3	22.0	5.5	12.6
Other	10.9	11.9	12.1	11.5
None	27.6	15.3	24.2	23.8
Number of centers responding	128	59	91	278
Number of centers not responding	12	4	6	22

Conclusion. On the average, more services to the community were offered by matching and support centers than by private centers. These services were also provided to families and/or individuals who did not have children enrolled in the program at the center. The most extensive list of services was typically reported by matching centers, in particular were those services dealing with health and welfare agencies.

Program

The program of a day care center, as noted previously, is determined by several factors, many of which have already been discussed. In this section a survey description will be given of some of the aspects of the day care programs and the physical plants of the centers in the study sample.

Day Care Program. The amount of time children were allowed to play out-of-doors (during suitable weather) differed somewhat between centers in the different funding categories (Table 79). Private centers generally allowed their children to spend daily only one-half hour or less playing outdoors. Support and matching centers more often reported allowing the children to play outside for a period of about 1 hour per day. Only approximately 30% of the centers in the sample provided their children with a daily outdoor play period exceeding 1 hour.

TABLE 79

AMOUNT OF TIME CHILDREN PLAYED OUTDOORS
(In Percentage of Centers Responding)

	Type of funding			
Amount of time	Private	Support	Matching	All centers
Half-hour or less	50.9	11.1	17.3	31.5
One hour or less	23.3	59.3	46.9	38.6
More than one hour	25.9	29.6	35.8	29.9
Number of centers responding	116	54	87	251
Number of centers not responding	24	9	16	49

In centers with more than one classroom, several criteria were reported in assigning children to a classroom (Table 80). The most frequently reported such criterion was that of age. More private and support centers used this variable as a grouping factor than did matching centers. Of those matching centers responding, two criteria were relatively common: age and maturity of the child.

TABLE 80

THE MOST FREQUENTLY REPORTED CRITERIA
FOR GROUPING CHILDREN INTO CLASSROOMS
(In Percentage of Centers Responding)

Criteria	Type of funding			All centers
	Private	Support	Matching	
Age	54.8	65.9	39.1	52.1
Sex	4.8	6.8	5.8	5.5
Handicaps	17.3	20.5	7.2	14.7
Maturity	36.5	47.7	37.7	39.2
Other	22.1	25.0	17.4	21.2
Number of centers responding	104	44	69	217
Number of centers not responding	36	19	28	83

For various activities within a classroom, centers indicated that several criteria were used to group the children (Table 81). Maturity and interests of the child were the two most frequently noted such criteria. Support and matching centers more frequently reported using these two criteria than did private centers. Private centers indicated no single factor or group of factors for this purpose although age, maturity level, and interests of the child were reported somewhat more often than other possible criteria. In general, these activity groups were reported to be small and in a few instances contained but a single child. A slightly larger number of centers (about 20%) reported having large group activities. Movement within the centers was considered by observers to be moderate to high.

TABLE 81

THE MOST FREQUENTLY REPORTED CRITERIA FOR GROUPING CHILDREN WITHIN A CLASSROOM (In Percentage of Centers Responding)

Criteria	Type of funding			All centers
	Private	Support	Matching	
Age	30.1	37.0	28.9	31.2
Sex	5.8	5.6	7.2	6.2
Handicaps	16.5	14.8	8.4	13.3
Maturity	37.8	59.3	45.8	46.2
Interests	37.9	50.0	54.2	46.2
Other	12.6	14.8	14.5	13.7
Number of centers responding	103	54	83	240
Number of centers not responding	37	9	14	60

Centers were relatively consistent in their feelings that several choices of materials (about two to six choices) should be made available to a child at one time (Table 82). Slightly more than 20% of the private centers reported that only one choice should be allowed at a time, whereas few support or matching centers felt this to be the appropriate number. Nearly reversed opinions were expressed by support and matching centers for allowing a child more than six choices.

Whatever materials were made available to a child, a general consensus across funding categories was that the child need not use the material strictly for the purpose for which it was intended. Instead the centers indicated that a child should be encouraged to try other uses. A small

percentage of centers indicated that this concern was unimportant. Such materials were usually purchased from local stores, with relatively few being homemade.

Matching centers were observed to have a larger variety of materials and equipment than did centers in the other two funding categories.

In many of the centers, if a child did not wish to participate in an activity, either an alternative was offered or the child was allowed to choose from other available activities. A small number of centers reported requiring the child to sit and wait for the next activity.

Forty-eight percent of the support centers had children's art work displayed, while comparatively few private and matching centers had such displays.

TABLE 82

RECOMMENDED NUMBER OF MATERIALS TO BE MADE AVAILABLE TO THE CHILDREN AT ONE TIME
(In Percentage of Centers Responding)

	Type of funding			
Number	Private	Support	Matching	All centers
Six types	7.8	13.8	28.4	16.1
Two to six types	69.6	74.1	64.8	69.0
Limited to one	22.6	12.1	6.8	14.9
Number of centers responding	115	58	88	261
Number of centers not responding	35	5	9	49

Renting was reported as being the primary means of obtaining a facility for housing the day care center (Tables 83 and 84). Less than 10% of the matching centers indicated that they owned their facility, while approximately 20% of the private and support centers reported that they did. About one-third of the private centers rented their facility, while 40% had space donated to them. Churches were the primary donors of facilities to centers of all funding types. To a somewhat lesser degree, boards of education were also important sources of such space for matching centers. Low density centers more often reported using rented facilities than did either medium or high density centers. A slightly larger percentage of high density centers owned their facility as compared to medium and low density centers.

TABLE 83

THE MOST FREQUENTLY REPORTED MEANS USED BY PRIVATE, SUPPORT AND MATCHING CENTERS TO PROCURE FACILITIES
(In Percentage of Centers Responding)

Means	Type of funding			All centers
	Private	Support	Matching	
Rent	34.3	57.6	65.6	49.1
Own	26.1	22.0	11.1	20.5
Other	40.3	22.0	24.4	31.4
Number of centers responding	134	59	90	283
Number of centers not responding	6	4	7	17

TABLE 84

THE MOST FREQUENTLY REPORTED MEANS USED BY CENTERS IN LOW, MEDIUM AND HIGH DENSITY AREAS TO PROCURE FACILITIES
(In Percentage of Centers Responding)

Means	Density			All centers
	Low	Medium	High	
Rent	64.2	47.0	37.9	49.1
Own	9.4	19.5	24.2	18.7
Purchase	1.9	1.8	1.5	1.8
Other	22.6	31.1	37.9	31.4
Number of centers responding	53	164	66	283
Number of centers not responding	2	8	7	17

Table 85 shows the typical locations of center facilities. Most often centers were located in a church building. About 20% of the private and support centers reported being located in a facility especially designed to be a day care center. Less than 10% of the matching centers, however, were housed in such specifically designed facilities. Slightly more high density centers than either low or medium density centers reported having their program located in a facility specifically designed for the program.

TABLE 85

TYPICAL LOCATION OF CENTER FACILITIES
(In Percentage of Centers Responding)

Location	Type of funding			All centers
	Private	Support	Matching	
Community recreation center	8.8	11.1	6.6	8.6
Church	44.1	31.7	44.0	41.4
School	11.8	6.3	30.8	16.6
Private home	11.8	7.9	3.3	8.3
Building designed for program	22.8	22.2	8.8	18.3
Other	7.4	25.4	13.2	13.1
Number of centers responding	136	63	91	290
Number of centers not responding	4	0	6	10

Conclusion. Major differences between the programs of the centers were not apparent. There were notable differences, however, between funding categories on some of the variables assessed (e.g., amount of time spent playing out of doors, grouping criteria into and within classes, etc.), but most centers were relatively consistent on those variables sampled in this study.

Facilities for the day care programs were typically rented, although some centers did own them. The most typical location of a center was in a church building.

Evaluation

Internal program evaluation is typically used to determine the effectiveness of a program and program staff. Although many centers have diverse requirements for such evaluations, several global aspects of the evaluation procedures were identified.

Program evaluation was generally handled in one of five different ways. Most centers reported that it was accomplished through informal staff discussion (Table 86). Support centers and a small percentage of matching centers reported that their sponsoring agency performed this function. Formal staff evaluations of the program were mentioned by slightly less than one-fourth of the centers in the sample. Advisory committees fulfilled part of this function for approximately one-third of the centers. Relatively few paid consultants were used for this purpose.

TABLE 86

TYPICAL EVALUATORS OF THE CENTER PROGRAMS
(In Percentage of Centers Responding)

Evaluator	Type of funding			All centers
	Private	Support	Matching	
Staff (informally)	74.6	71.7	86.7	77.8
Staff (formally)	23.9	21.7	25.6	23.9
Advisory committee	29.9	36.7	27.8	30.6
Paid consultant	11.9	15.0	11.1	12.3
Sponsoring agency	14.2	53.3	25.6	26.1
Other	10.4	18.3	30.0	18.3
Number of centers responding	134	60	90	284
Number of centers not responding	6	3	7	16

Staff performance was almost always evaluated by the center director (Table 87). In addition over half of the support and matching centers reported that other staff members were used for this function. Head teachers were also used in 68% of the matching centers to evaluate the staff. Boards of directors and advisory committees were reported by only a small number of centers as filling this function. Less than 15% of the centers reported having funds provided for these evaluations.

TABLE 87

THE MOST FREQUENTLY REPORTED INDIVIDUAL EVALUATING STAFF PERFORMANCE

(In Percentage of Centers Responding)

Individual	Type of funding			All centers
	Private	Support	Matching	
Director	83.8	93.4	94.4	89.3
Head teacher	28.5	39.3	67.8	43.4
Other staff	31.5	52.5	62.2	45.9
Parent advisory committee	12.3	18.0	13.3	13.9
Board of directors	23.8	19.7	12.2	19.2
Number of centers responding	130	61	90	281
Number of centers not responding	10	2	7	19

Impact of the program on any given child was typically evaluated by the judgement of his teacher (Table 88). Thirty percent of the private centers, however, reported using standardized tests for this purpose.

TABLE 88

EVALUATION OF THE EFFECTS OF THE DAY CARE PROGRAM ON THE CHILD
(In Percentage of Centers Responding)

Evaluation	Type of funding			All centers
	Private	Support	Matching	
Teacher judgement	89.9	91.7	98.9	93.1
Standardized tests	30.2	15.0	21.6	24.2
Other	21.7	30.0	18.2	22.4
Number of centers responding	129	60	88	277
Number of centers not responding	11	3	9	23

The primary use of the evaluations made of the program or children was for internal use by the center (Table 89). Funding agencies and parents received reports based on these evaluations only from about half of the centers in the sample.

TABLE 89

UTILIZATION OF THE RESULTS OF EVALUATIONS
(In Percentage of Centers Responding)

Utilization	Type of funding			All centers
	Private	Support	Matching	
Internal	87.3	96.4	98.8	92.9
Report to funding agency	40.5	51.8	43.0	43.7
Report to parents	46.8	48.2	37.2	49.0
Other	5.6	5.4	2.3	4.5
Number of centers responding	126	56	86	268
Number of centers not responding	14	7	11	32

Conclusion. Evaluation of the day care program at almost all centers was informal and used strictly for internal purposes (e.g., program changes). Paid evaluation consultants were rare. In most cases the center directors evaluated staff performances while teachers evaluated the effects of the program on each child.

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